

Request for Livescan Service - Applicant Submission

Name of Applicant: _____

Type of Application: (check one) Employment Licensing Certification Permit Volunteer

Position or Job Title: _____

Level of Service Requested: DOJ FBI If resubmission, list Original ATI No. _____
(Show on Reject Notice)

Personal Descriptor information - Applicant:

DOB: _____ AKA's: _____

HT: _____ WT: _____

POB: _____ SEX: Male Female

CDL No: _____ HAIR/Color: _____ Eye Color _____

SS No: _____ Home Address: _____

Contributing Agency:

Santa Clara County Office of Education
Agency Name
1290 Ridder Park Drive, MC 265
San Jose, CA 95131-2304
City, State and Zip

Fax No: N/A E-Mail Code: 02024
(five-digit unique code as previously assigned by DOJ)

ORI: A0355

Candice Harris
Contact
(408) 453-4303
Phone No.
N/A
Agency/OCA No.

If Billable:

BIL-140445
Agency Billing No.
Client ID No.

Send additional response to:

N/A
Agency
Address
City, State and Zip

Livescan Transaction Completed:

Name of Operator _____ Terminal No. _____ Date _____ Amount Collected or Billed _____

ATI No. _____